



# Commission on Improving *the* Status of Children in Indiana

## Meeting Minutes

Commission on Improving the Status of Children in Indiana

Wednesday, November 8, 2017

Indiana Government Center South, Conference Room C

- Dr. Kristina Box, Indiana State Health Commissioner, Indiana State Department of Health
- Christine Blessinger, Director, Department of Correction, Division of Youth Services
- Mary Beth Bonaventura, Director, Indiana Department of Child Services
- Senator Jean Breaux
- Representative David Frizzell
- Curtis T. Hill, Indiana Attorney General
- Senator Erin Houchin
- Larry Landis, Executive Director, Public Defender Council
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
- Dr. Jennifer McCormick, Superintendent of Public Instruction, Indiana Department of Education
- Kevin Moore, Director Division of Mental Health and Addiction
- David Powell, Executive Director, Indiana Prosecuting Attorneys Council
- Justice Loretta Rush, Chief Justice of Indiana
- Representative Vanessa Summers
- Dr. Jennifer Walthall, M.D., Secretary, Indiana Family and Social Services Administration
- Mary Willis, Chief Administrative Officer, Indiana Office of Judicial Administration
- Jason Dudich, Director, State Budget Agency
- John Hammond IV, Office of the Governor

### 1. Welcome and Introductions

Chief Justice Rush called the meeting to order at 10:10 and explained that the agenda would be shifted to begin with items not requiring a quorum due to a delay in attendance by a few members of the Commission who were attending the announcement of the Governor's legislative agenda.

### 2. CISC Operational Plan Updates

Julie Whitman, CISC Executive Director, gave an update on the status of items in the [Operational Plan](#), including roles and responsibilities, a recommendations template, plans for monitoring legislation, and an envisioned data dashboard project for measuring outcomes. Julie also shared an update on her [30-60-100 day plan](#), as well as a [summary of the feedback](#) received from Commission members during her listening tour.

Chief Justice Rush, Kevin Moore, and Senator Breaux all emphasized the usefulness and importance of tracking data to get a better picture of vulnerable youth and ensure accountability for results. Chief Justice Rush also explained the background for needing the CISC Executive Director to monitor legislation on behalf of the Commission.

One highlighted result from the listening tour was a suggestion that the Commission meet more frequently, for a shorter timeframe. The Commission members in attendance expressed a consensus with the idea of shortening meetings from four hours to two hours and meeting bimonthly rather than quarterly. Julie indicated that she would draft a meeting schedule based on this consensus and present it to the Executive Committee in December for approval.

3. Strategic Priority: Mental Health & Substance Abuse

Cathy Graham, Executive Director of IARCA, presented recommendations on behalf of the Substance Abuse and Mental Health Task Force, which were drafted in response to the Legislative Council's assignment to the Commission to study "licensing as a barrier to child care and child abuse workers." Cathy's presentation, summarized in a [handout](#), included results of a survey of IARCA members who provide clinical services to children with regard to licensing barriers, as well as the results of consultations with various professionals in the field of mental health. Based on this research, the Task Force legislative [recommendations](#) included: removing a required 300-hour "advanced internship" from the Licensed Mental Health Counselor licensing requirements, correspondingly reducing the number of required hours of supervision, and—for all mental health clinical license types—allowing up to 50% of required supervision to take place virtually. Additionally, the Task Force recommended a future study of whether clinical license holders (LCSW, LMHC, LCAC) should be able to independently diagnose and treat clients. Currently, a Health Services Provider in Psychology (HSPP) is required to sign off on all diagnoses and treatment plans, which can cause delays in treatment. Cathy reported that the issue would need a thorough study and comparison with other states before the Task Force would be ready to make recommendations.

**Discussion:** Kevin Moore asked whether the licensing board had approved of the recommendations. Cathy explained that the board had told her it does not take positions on legislation, but she assumed that the Indiana Professional Licensing Agency would attend the legislative committee hearings and testify. Senator Houchin affirmed the difficulty in rural areas for mental health clinicians to secure the required face-to-face supervision.

Chief Justice Rush, Senator Houchin, and Senator Breaux all expressed concern about the long wait times and lost paperwork at IPLA that were reported in the survey. Cathy explained that IPLA had since added an additional customer service representative and changed its phone system to alleviate the long wait times. Senator Houchin asked that a follow-up survey be done at a later date to determine if in fact those changes have resolved the problems.

Senator Houchin asked whether the proposed study on independent practitioner authority would include authority to prescribe medication, and Cathy said she did not think that was contemplated in the planned study.

Senator Breaux asked several questions related to whether any quality or necessary training would be lost with the reduction of the 300 hours of internship, and expressed a desire not to "dumb down" the requirements, while also recognizing the need to get practitioners in the field. Cathy acknowledged that there could be a loss of some training in the 300 hours, but the tradeoff would be having people able to get on the job as soon as they finish their master's degree, keeping in mind that an additional 2,000 hours of supervised practice are required post-master's for a practitioner to achieve the full clinical license.

Senator Houchin requested Kevin Moore's view on the recommendations in light of his role at DMHA. Kevin expressed a willingness to explore this issue. He stated that taking a critical look at that level of supervision and number of hours is worthwhile to get people through the process and job-ready more quickly. Senator Houchin noted that the specifics could be vetted during the legislative process, and that should not impede the Commission from voting on the recommendations. Kevin agreed and stated that he thought the virtual supervision could be very important for rural areas.

**Action:** Sen. Breaux moved to approve the recommendations, Kevin Moore seconded. The recommendations were adopted by a vote of 10-0. Representative Summers offered her assistance with the legislative process to move the recommendations through.

4. Approval of Meeting Minutes from August 16, 2017

**Action:** Chief Justice Rush moved to approve the minutes and Susan Lightfoot seconded. The minutes were approved 10-0.

5. Strategic Priority: Mental Health & Substance Abuse (Cont.)

A second set of [recommendations](#) from the Mental Health and Substance Abuse Task Force was presented by Mindi Goodpaster, Public Policy & Advocacy Director at the Marion County Commission on Youth. The first recommendation revolved around posting a guide to selecting evidence-based programming on the Indiana state web site as a resource for practitioners.

**Discussion:** Several Commission members had questions about this recommendation and why it needed to come before the Commission as it seemed to be directed only at one agency (the Department of Corrections). Mindi reported that she was presenting on behalf of the Task Force, but that the person who had originally authored the recommendation was not present, and that person would have been better able to answer the Commission's questions.

**Action:** Senator Houchin proposed tabling the recommendation until a later date when more information could be made available. The Commission expressed consensus with the tabling.

Mindi then presented the second recommendation, which was to require mental health professionals to complete a short survey upon license renewal. These surveys would allow the state to gather better data on whether the license holders are actively practicing, which populations and geographic areas they serve, and whether they are using telemedicine. Mindi stated that the mandatory survey would provide better data on service availability and gaps, and help the state better leverage federal Health Professional Shortage Area funds to fill those gaps. The Bowen Center at IU School of Medicine had presented to the Task Force its capacity to collect and analyze that data.

**Discussion:** Senator Houchin asked whether the survey could be accomplished simply by updating the licensing form to include the questions, rather than requiring it legislatively. Through this discussion it was clarified that most of the recommended questions are currently being asked during the licensing process; however, the questions are optional and not mandatory. Dr. Walthall indicated that the licensing process has been recently redesigned to be easier, and that perhaps outreach to providers would be a better way of increasing the percentage of those completing the survey questions, which currently stands at about 60%.

Kevin Moore expressed a concern with the idea of holding up licenses for lack of survey responses, and Senator Houchin felt that this could counteract the progress the Commission is trying to make with its first set of recommendations to streamline licensing for LMHCs. Dr. Walthall indicated that educating providers on why the survey questions are asked and what is done with the data might be the best way to increase the return rate on the survey questions. She indicated that physicians understand that good data is needed for good programming. Senator Houchin reiterated that making the questions mandatory rather than optional could be done within the licensing agency and would not require legislation.

Mindi reiterated the specific request to add a question related to telemedicine to the survey, which is not currently included. Dr. Walthall agreed that was an area worth studying, and suggested that whenever the survey is updated it be aligned with the state's priorities, and if a question is added another be removed, to keep the survey short.

**Action:** The consensus of the Commission was that this idea should be worked on with PLA and the Bowen Center working directly together, rather than legislating the survey.

#### 6. Strategic Priority: Child Safety & Services

Martha Allen, Director of Maternal and Child Health at the Indiana State Department of Health, made a presentation (using slides beginning at p. 25 in the [meeting PowerPoint](#)) on infant mortality in Indiana, as well as the impact of neonatal substance exposure. The presentation included data on Indiana's infant mortality rate, risk and protective factors, and racial disparities on these variables. Ms. Allen also highlighted the work that ISDH is doing to reduce infant mortality, including the release of a new pregnancy mobile app called LIV, the upcoming Labor of Love summit, and the work of the Indiana Perinatal Quality Improvement Collaborative (IPQIC), a statewide group of more than 300 stakeholders who serve as an advisory board to the ISDH and have been working collaboratively to reduce infant mortality since 2010.

Martha also reported on infants born exposed to substances and diagnosed with neonatal abstinence syndrome (NAS). That portion of the report covered ISDH's pilot program to test umbilical cords for a panel of 13 chemicals, initially in four hospitals. Martha indicated that the pilot group has grown to 26 hospitals, and the aim in 2018 is to expand the cord testing statewide. The presentation relayed data on the percentage of cords testing positive for various substances, the most common of which is marijuana, with opiates a relatively close second. Martha noted that Neonatal Abstinence Syndrome is not the same as exposure to substances, but is rather a diagnosis based on a cluster of symptoms, and that diagnosis is not necessarily being applied consistently across the state. Other important findings of the NAS pilot project include:

- Drug of choice varies depending on location
- Comorbidities can affect the outcomes
- There is a lack of treatment programs for mothers
- Care may be interrupted when a referral is made (because OB/GYNs don't specialize in treating substance abuse, and addictions counselors may not have experience with pregnant women)
- Support services are needed during and after pregnancy
- There is a need to change the culture of providers and pregnant women

**Discussion:** Senator Houchin asked whether it was possible to identify within the infant mortality data where substance use was a factor. Martha indicated that Indiana does not currently have universal drug screening during pregnancy, so it is not currently possible to know how many pregnant women and infants have been exposed to drugs. ISDH would like to be able to collect that data in the future.

Senator Houchin commented that methadone can also cause problems for infants, and she recounted a case she had seen where methadone treatment was not being closely monitored, a pregnant woman took more than was prescribed, and the infant was in the NICU for six months. Dr. Walthall reported that methadone treatment has come a long way, and that as of September 1, the new Medicaid policy for methadone reimbursement is that it has to be bundled with evidence-based treatment.

Senator Breaux stated that she would like to see a breakdown of the data in terms of the number of births that are paid for by Medicaid, how many are unplanned, and the age range of the mothers. Dr. Walthall indicated that the data is available within FSSA and she would be happy to present it at a future meeting. Dr. Walthall also noted that the new HIP 2.0 waiver, which is pending approval, would expand pregnancy services. Martha stated that recent research indicated that 80% of mothers taking opioids have unplanned pregnancies. In response to Senator Breaux's follow-up question on birth control, Martha indicated that providers throughout the state are discussing Long-Acting Reversible Contraceptives (LARCs) with mothers to encourage healthy birth spacing, and several hospitals are placing them during delivery if a mother chooses to delay subsequent pregnancy for at least two years.

Chief Justice Rush encouraged the Commission to share the information about the pregnancy app with probation officers and DCS, and for the Communications committee to look at other avenues for promoting the app. Martha said she would be happy to get in front of any audience that is interested in the app, and she discussed promotional items that will be available shortly to help promote the app.

Senator Houchin asked if the NAS pilot was looking at the percentage of positives that were Medicaid births. Martha said that due to the small sample size they initially were not, but as more hospitals join the study, they will be able to report that data. Dr. Box commented that the national rate is 78%, and one of the Indiana hospitals in the study reported a 79% rate.

Chief Justice Rush asked how common it was for cords to test positive for multiple substances. Martha said the majority (80-85%) that test positive have one substance, and about 16% have two. Chief Justice Rush asked how the hospitals decide whom to test and whether it is random; Martha and Dr. Box clarified that the testing is not random, but based on the presence of risk factors in the mother and/or symptoms in the baby. Senator Breaux asked whether anything happening in the federal government will have an impact on the project, and Martha indicated that it would not. She noted that the only expense was the lab test, which is being paid for by insurance.

Kevin Moore stated that the General Assembly last year approved funding for a new addiction treatment program for pregnant women and mothers, and that contract was recently awarded to Community Hospitals. The program includes early treatment for pregnant women to help avoid giving birth to infants with addiction as well as wraparound services for the family after the baby's birth.

#### 7. Strategic Priority: Educational Outcomes

Patrick McAlister, Policy Director at the Indiana Department of Education, made a presentation (starting on p. 57 of the meeting [PowerPoint](#)) on Indiana's new education plan under the federal Every Student Succeeds Act, focusing on those aspects that most relate to the population of "vulnerable youth" of concern to the Commission. Highlights include:

- IDOE set goals to reduce proficiency gaps by 50% for all subgroups.
- English Language Learners' growth to proficiency is now a part of the federal school accountability formula.
- IDOE was required to include a non-academic indicator in its accountability formula and chose chronic absenteeism.
- In 2018-2019, IDOE will pilot a school climate and culture survey of students, parents, and teachers, with the possibility of adding it to the accountability formula in the future.
- There is a new federal requirement that the diploma that a "preponderance of students" receive is the baseline diploma, which means that the general diploma will not count toward Indiana's federal graduation rate. That would knock Indiana's graduation rate down by about 12 percentage points. IDOE has requested a federal waiver to this requirement, given that Indiana's general diploma has higher requirements than the baseline diploma in some other states. If the waiver doesn't go through, the Indiana General Assembly may need to enact a single diploma with separate tracks to ensure that all students who earn a diploma are counted in the state's graduation rate for federal purposes.
- A new funding stream in ESSA "Supporting all students" is intended to fund innovative approaches to support the whole child. This funding can be used for social and emotional support. The amount of funding is relatively small (\$6.5 million).

**Discussion:** The Commission had a robust discussion about the problem of chronic absenteeism and how communities can help schools enforce compulsory attendance. Dave Powell spoke on behalf of prosecutors, Susan Lightfoot on behalf of probation, Chief Justice Rush and Judge Willis on behalf of the courts. Dr. McCormick emphasized the importance of involving the medical community as well, as some students are

presenting letters of incapacity from doctors for extended absences that in some cases appear to be inappropriate. There was discussion of the possibility of setting up pilot projects where courts, probation, and DCS partner with schools to use an Informal Adjustment process to deal with chronic absence before it reaches a critical stage. Chief Justice Rush commented that DCS has historically screened out reports of middle school students with chronic attendance problems and that those children may be falling through the cracks. It was agreed that this issue should be looked at by the Educational Outcomes Task Force and/or the Cross-System Task Force.

Senator Houchin asked about the impact of the new graduation pathways on graduation rates, as she has been hearing from local districts about a potential negative impact. Dr. McCormick stated that it is still too early to tell how the pathways will impact graduation, but that the field is very nervous. The pathways panel just ended its work and the state board will make a decision in December.

#### 8. Legislative Updates

Dr. McCormick shared that about 8,000 students in Indiana do not attend kindergarten, and this is a workforce readiness issue. For this reason, the Department is looking at data and considering supporting a change in the mandatory school start age to five. Chief Justice Rush asked Dr. McCormick for her top five priorities, and Dr. McCormick listed a focus on Pre-K/K especially for at-risk students, curriculum and instruction including credit requirements for diplomas, the graduation pathways and allowing districts flexibility within that, more content training for teachers, and financial flexibility to attract good teachers.

#### 9. Communication Updates

Kathryn Dolan, Communications Director, Supreme Court, and Chair of the Communications Committee, presented the Commission's [Communications Plan](#) for Commission approval.

**Discussion:** Senator Houchin asked when the Committee would envision reporting back to the Commission on how the plan goals are being met. She noted that there are several items referenced in the plan but undefined, and she felt it would be helpful for the Committee to report back in the next quarter on how those things are being developed. Julie Whitman and Kathryn Dolan agreed to report back on the plan at the next Commission meeting. Senator Breaux asked what resources were available to carry out the plan, and Kathryn explained that the resources are the people on the Committee, which includes the Public Information Officers of several of the Commission agencies. Chief Justice Rush explained that the work of the Commission has been added to all of the Commission agencies' staff. The Executive Director will be the primary communicator on behalf of the Commission, with assistance from the Committee.

**Action:** Chief Justice Rush moved to approve the Communications Plan and Kevin Moore seconded. The Commission approved the plan, 11-0.

#### 10. Future Meeting Topics

Potential future topics include revisiting the second set of recommendations from the Mental Health and Substance Abuse Task Force, the issue of chronic absenteeism and attendance pilot projects, the impact of lowering the compulsory school age, potential discussion of the impact of marijuana legalization, the impact of the opioid crisis on children, a breakdown of the data on addicted mothers and the costs of births, and awareness of trauma on youth and families.

Judge Willis mentioned the Regional Judicial Opioid Initiative, which includes several members of the Commission and will begin meeting soon. Children will be included in that initiative. Chief Justice Rush is chairing a national task force on the judicial response to the opioid crisis, and requested that Commission members send her any information and data they have that could help inform that initiative.

11. Adjournment

The meeting was adjourned at 1:32 p.m.

12. Next Meeting

The Commission on Improving the Status of Children in Indiana will meet on February 14, 2018, at 10:00AM at the Indiana State Library in the History Reference Room.